



**REQUEST FOR REIMBURSEMENT OF EXPENSES  
PURSUANT TO IC 35-38-4-7**

County: \_\_\_\_\_

Case Caption: State of Indiana v. \_\_\_\_\_  
Defendant

Trial Court Case Number: \_\_\_\_\_

Appellate Court Case Number: \_\_\_\_\_

Date of Original Conviction: \_\_\_\_\_ Date of Remand for New Trial: \_\_\_\_\_

Requesting Entity:     Trial Court     Prosecuting Attorney     Public Defender  
Check **ONLY** one

Type of Expense	Vendor-Address	Date Incurred	Amount

Use Additional Sheets if Necessary

I affirm under the pains and penalties for perjury that: 1) the above listed expenses were incurred by the trial court, prosecuting attorney or public defender representing the defendant (circle **ONLY** one) in conducting a new trial of the defendant following a remand by the Indiana Supreme Court or Court of Appeals, and which ordinarily would be paid by the county in which the trial court is located; 2) none of the expenses listed above include any salary or other remuneration paid to a trial court judge, other appointed judicial officer, prosecuting attorney, deputy prosecuting attorney, or public defender and must be paid from money in the state general fund; and 3) no reimbursement for any listed expense has been sought from another source, such as the public defense fund.

Signature: Trial Court-----Prosecuting Attorney-----Public Defender (Circle **ONLY** one)

Date: \_\_\_\_\_

\_\_\_\_\_  
Name Printed

I affirm under the pains and penalties for perjury that the above listed expenses were paid by the county.

Signature: County Auditor

Date: \_\_\_\_\_

\_\_\_\_\_  
Name Printed

Reimbursement approved in the amount of \$ \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Director, State Court Administration